## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	FLUORESCENT LAMP CAPABLE OF CLEANING AIR							
Fill in Appropriate	the specification of wh	nich is attached hereto. If not atta	ched hereto,	20				
Information -	the specification	was nied on		as				
For Use Without Specification	and amended on	(if applicable) and/or						
Attached:	the specification was filed on  United States Application Number  and amended on  the specification was filed on			as PCT				
Attached:	the specification was filed on			; and was				
	amended on	(if applicable)						
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as							
	amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal							
	Regulations, .56.							
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention							
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year							
	prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the							
	date of this application in any country foreign to the United States of America on an application filed by me or my legal							
	representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this							
	application by me or my legal representatives or assigns, except as follows.							
	I hereby claim foreign priority benefits under Title 35, United States Code, 19(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Variant Dairentes	Prior Foreign Appli	cation(s)		Priority Claimed				
Insert Priority	92109831	TAIWAN, R.O.C.	APRIL 25, 2003	ď –				
Information:	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
(if appropriate)	(IVIIIIDEI)	(Country)	(Monay Bay) real raca)	`				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(realizer)	(Country)	. (1101111, 21), 1011 1201,	• • 🕎				
				<u> </u>				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	I hereby claim the benefit under Title 35, United States Code, 19(e) of any United States provisional applications(s) listed below.							
	Thereby dami the ber	en ander The 55, Office States	Code, 17(c) of they office builts provide					
Insert Provisional			<u> </u>					
Application(s):	(Application Number)		(Filing Date)					
(if any)								
	74 N. A.							
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country Application Number Date of Filing (Month/Day/Year)							
t Paguastad								
nsert Requested information:								
if appropriate)			·	·				
	I hardy dain the honefit and an Title 25 I I had Clates Code 20 of any I I hited Chates and for DCT application (a) listed below and							
	I hereby claim the benefit under Title 35, United States Code, 20 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT							
	application in the man	ner provided by the first paragra	anh of Title 35. United States Code. 12	acknowledge the duty to disclose				
	information which is material to the patentability as defined in Title 37, Code of Federal Regulations, .56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
	permeett me timik date	. are prior application and the						
nsert Prior U.S.								
Application(s):	(Application Number) (Filing Date)		(Status - patente	(Status - patented, pending, abandoned)				
f any)								
	(Application Number)	(Eiling Data)	(Status - natente	d, pending, abandoned)				
age 1 of 2 Rev. 12/19/01)	(whyncarou minner)	(Filing Date)	(Sacas - Paterile	n ramie armiarina				

## Attorney Docket No. 2019-0236P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor → Insert Date This Document is Signed	WANG WEI-HONG (FAMILY NAME: WANG)	. Warg Wei-Ho		JANUARY 2, 2004			
Insert Residence	Residence (City, State & Country)	<u> </u>	GITIZENSHII	P .			
Insert Citizenship →	SAME AS MAILING ADDRESS		TAIWAN, F	R.O.C			
Insert Mniling Address →	MAILING ADDRESS (Complete Street Address :						
•	NO. 34, LANE 367, FU HSING RD., TAO YUAN CITY, TAO YUAN HSIEN, TAIWAN, R.O.C.						
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII	Р			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIP	2			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIP	)			
·	MAILING ADDRESS (Complete Street Address including City, State & Country)						
ull Name of Fifth Inventor, if any: seeabove	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIP				
i	MAILING ADDRESS (Complete Street Address including City, State & Country)						
ill Name of Sixth Inventor, if any: secatore	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address in	cluding City, State & Country)					
-							

Page 2 of 2 (Rev. 12/19/01)